24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Southern Conservatives Fund, Inc.	C C00560763
	C 0030703
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Media Ad Ventures, Inc.	06 16 2014
Mailing Address 8136 Old Keene Rd	Amount
Suite A-300 City State Zip Code	200000.00
Springfield VA 22152	Transaction ID : SE.4118 Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Jack Kingston Oppose	President State: GA
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Water (specify) ► Runoff
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	1
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General
	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	200000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	200000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	06 17 2014
Signature	